

CITY OF IMPERIAL

POLICY NAME: ADA GRIEVANCE POLICY	AUTHORITY: ADA, 28 CFR PART 35.107
APPLICATION: EMPLOYERS WITH 50 OR MORE EMPLOYEES	DATE APPROVED: SEPTEMBER 7, 2011

I. PURPOSE

The City of Imperial does not discriminate on the basis of disability in the admissions or access to, or treatment of, or employment, in its programs or activities. The City is dedicated to ensuring that all City programs, services, benefits, activities and facilities operated or funded by the City are fully accessible to and useable by people with disabilities.

This policy has been created to assist the City of Imperial to comply with the ADA, 28 CFR Part 35.107 and provides a procedure to be followed to respond to individuals, or a specific class of individuals, who wish to communicate a complaint alleging that they have been subject to discrimination on the basis of disability by the City of Imperial.

The Human Resources/Risk Management Division oversees the implementation and local enforcement of the City's obligations under the Americans with Disabilities Act (ADA) and other federal and state disability civil rights laws and accessibility laws.

II. DEFINITIONS

- A. ADA: Americans with Disability Act of 1990.
- B. ADA Coordinator: Responsible employee with a working knowledge of the requirements of ADA and designated to coordinate the City of Imperial's efforts to comply with and carry out the City of Imperial's ADA responsibilities.
- C. CFR: Code of Federal Regulations.
- D. TDD: Telecommunications Device for the Deaf.

III. CONFIDENTIALITY

The ADA Coordinator maintains confidentiality with regard to complaints, consultations and mediations, unless disclosure is notwithstanding the requirements of litigation and court proceedings. If the disclosure of information to another person is necessary to proceed with an investigation, the complainant will be advised first and consulted on whether and/or how to proceed.

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IV. RETALIATION

Retaliation against a person who files a complaint of discrimination or harassment, participates in an investigation of such a complaint, or opposes an unlawful employment practice is prohibited by Federal and State law and City of Imperial policy. Anyone who believes she or he has been retaliated against for filing a complaint of discrimination or harassment is encouraged to report the retaliatory actions to the ADA Coordinator.

V. ACCOMMODATION

In its effort to ensure that communications with participants and members of the public with disabilities are as effective as communications with others, the City of Imperial will provide appropriate auxiliary aids and services whenever necessary for those individuals who have hearing, sight or speech impairments, unless to do so would result in a fundamental alteration of its programs or an undue administrative or financial burden.

The City will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing these auxiliary aids, services or reasonable accommodations. In determining what type of auxiliary aid or service is necessary, the City will give consideration to requests of individuals with disabilities.

A person who requires an accommodation, an auxiliary aid or service to participate in a City program, service, or activity, or who requests a modification of policies or procedures, should contact the sponsoring department as far in advance as possible before the scheduled event and the best effort to fulfill the request will be made.

VI. PROCEDURE

This procedure is established to meet the requirements of the Americans with Disabilities Act of 1990. This procedure shall be liberally construed to protect the substantial rights of interested persons, to meet appropriate due process standards, and to assure compliance with the ADA. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Imperial. The City of Imperial's personnel policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination, such as the name, address, and phone number of the complainant, and location, date, and description of the problem. Alternative means of filing a complaint, such as a personal interview or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible, but no later than 60 calendar days after the alleged violation to:

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ADA Coordinator
AJ Gaddis
City of Imperial
420 South Imperial Avenue
Imperial, CA 92251

Within 15 calendar days after receipt of the complaint, the ADA Coordinator will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator will respond in writing, and where appropriate, in format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City of Imperial and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the City Manager.

Within 15 calendar days after receipt of the appeal, the City Manager will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Manager or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA Coordinator appeals to the City Manager and responses from these two offices will be retained by the City of Imperial for at least three (3) years.

ATTACHMENT: The ADA Grievance Complaint Form



**CITY OF IMPERIAL
AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE FORM
INSTRUCTIONS**

THIS IS A PRINTABLE FORM. SIMPLY COMPLETE, PRINT, AND SEND TO:
CITY OF IMPERIAL
ATTENTION: ADA COORDINATOR, 420 SOUTH IMPERIAL AVENUE, IMPERIAL, CA 92251

COMPLAINANT INFORMATION

NAME
[]

ADDRESS
[]

CITY [] STATE [] ZIP CODE []

HOME PHONE (INCLUDE AREA CODE) [] BUSINESS PHONE (INCLUDE AREA CODE) []

PERSON ALLEGING ADA VIOLATION (IF OTHER THAN COMPLAINANT)

NAME
[]

ADDRESS
[]

CITY [] STATE [] ZIP CODE []

HOME PHONE (INCLUDE AREA CODE) [] BUSINESS PHONE (INCLUDE AREA CODE) []

INFORMATION ON ALLEGED VIOLATION

DATE ALLEGED VIOLATION OCCURRED
[]

DESCRIPTION OF ALLEGED VIOLATION
[]

REQUESTED REMEDY

HAS THIS COMPLAINT BEEN FILED WITH THE RESPONSIBLE FEDERAL ENFORCEMENT AGENCY, U.S. DEPARTMENT OF JUSTICE OR COURT? YES NO

**COMPLETE THE FOLLOWING IF YOU ANSWERED
"YES" TO THE PREVIOUS QUESTION**

AGENCY OR COURT

CONTACT PERSON

ADDRESS

CITY

STATE

ZIP CODE

PHONE (INCLUDE AREA CODE)

DATE FILED

OTHER COMMENTS

SIGNATURE

DATE

CERTIFICATE

OF

CITY CLERK

I, Debra Jackson, City Clerk of the City of Imperial DO HEREBY CERTIFY THAT the foregoing City of Imperial's ADA/Title VI Policy was approved by the City Council of the City of Imperial at their regular meeting of September 7, 2011.


Debra Jackson
City Clerk
City of Imperial

Dated: December 7, 2011